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I.

OBSERVATIONS ON OBLITERATION OF  
THE VAGINA.

By CÆSAR HAWKINS, Esq., Surgeon to  
St. George's Hospital.

CATHARINE H., æt. 27, admitted for amenorrhœa, with the following history:—In November last she was delivered of her first child, which was stillborn, by means of instruments. She suffered much during her confinement, and was very ill for some time afterwards, but recovered her health during the month. About a month after her confinement, she had the usual precursory symptoms of menstruation, but no discharge of the secretion took place; and each month since that time (the last being the sixth period since her confinement) the symptoms have returned with increased severity at each successive period. She has much pain in the hips and loins, pain and bearing down in the vagina, sickness, slight febrile symptoms, with general disturbance of health. The abdomen swells, and is tender and painful, and she suffers much from flatulence, and experiences considerable difficulty in emptying the bladder or rectum, though there has been more or less difficulty in passing either evacuation, even during the intervals between the periods of menstruation. These symptoms continue for nine or ten days, and then subside, leaving her

comparatively well. The abdomen, however, has not lately recovered its proper size upon the subsidence of the other symptoms, but remains considerably swollen, though less than during the menstrual periods. She did not suffer much after her confinement from the lacteal secretion, but has been constantly obliged to use liniments to the breasts, as, at each menstrual period, the breasts enlarge and become painful, and milk is secreted in such quantity as to escape from the nipples even without pressure.

At the request of Dr. Seymour, under whose care she was admitted, I examined her, and found the vagina totally obstructed by a very firm membrane, drawn in and puckered towards the centre, and feeling like cartilage. On passing a catheter into the bladder, the urethra was perceived to be pushed up behind the pubes as if by pressure, so as to require the point of the instrument to be turned nearly perpendicularly, instead of in the usual oblique direction. When the water was drawn off, a firm tumor could be distinguished by pressure on the abdomen, and a considerable prominence could also be felt by the finger introduced into the rectum beyond the point of obstruction, though no distinct sensation of fluctuation could be felt either at the obstructed point or on the abdomen, nor in the rectum.

It seemed evident, however, from this examination, that the uterus and upper part of the vagina were distended with thick substance, so as to obstruct the passage through the rectum and urethra, and it was probable, at the same time, that the obliteration of the vagina did not extend very far.

May 27th.—The patient being placed on a table, nearly in the position for the operation of lithotomy, I made a transverse incision, about half an inch in length, in the centre of the hardened cicatrix, and after dividing it cautiously, about three quarters of an inch upwards, I reached the distended portion of the vagina, through which a thick, red, semifluid substance, without smell, flowed to the amount of about twelve ounces before she was placed in bed, after which about a pint more came away slowly, during the next thirty-six hours, without pain or inconvenience.

29th.—This morning the discharge became completely purulent, all the brown matter appearing to have come away; and about the same time that the nurse observed this change, the patient was seized with rigors, pain in the abdomen, and frequent vomiting. She has now an anxious countenance: bowels not open since yesterday; pulse 120, weak and small. She has twice taken some infusion of roses, and Epsom salts, without effect.—As both Dr. Seymour and myself believed the symptoms to be those of irritation without inflammatory action, I injected some warm water into the vagina, to wash away the purulent secretion; an enema of castor oil was administered, and the following pills exhibited, which were re-

peated twice in the course of the day:—

R. Pil. Sapon. c. Opio, gr. v.  
Galb. Comp. gr. v. M. ft. Pil. ij.

In the evening, the bowels having been twice opened, she became easier, with less frequent vomiting, and the pulse was less frequent and more full.

30th.—The discharge continues purulent, but in smaller quantity. The sickness is gone; the bowels have been again opened twice this morning; the pulse 110; countenance less anxious: there is still, however, a good deal of pain on the slightest motion, and pain is produced by pressure in the situation of the uterus, though not elsewhere.

Rep. Pil. Vespere.

31st.—There is now no pain or tenderness of the abdomen, and no pain on turning in bed. Tongue covered with a thick white crust; pulse 116. She has eaten nothing these two days, but is not now sick. Ordered a small quantity of wine. She is menstruating, the proper period having arrived, and, in fact, she has not suffered so much the last two days as she generally has done before the late abortive attempts to get rid of the secretion; so that the symptoms during the last two days may have been as much owing to the state of the uterus from the performance of this function, as to the irritation excited by the operation.

June 4th.—The tongue is clean, and she has gone on well till to-day, when a good deal of pain and tenderness returned on the right side of the abdomen, where a tumor is perceived, apparently in the situation of the ovarium, and there is also a good deal of nausea and sickness.

Hirud. vj. parti dolenti.  
R. Mist. Camph. 3x. Træ Castorei, 3ss.

Træ Opii, Mv. M. 6tis horis.

These symptoms subsided, and the next day no tumor was perceptible, the pain and tenderness gradually ceased, and on the 9th there was no longer any local or general irritation. Weiss's dilator was now employed for some hours, which produced considerable pain by the distension, with a little bleeding from the cut surface; the pain went off, however, and the instrument was employed every day for some time; after which bougies were used, which caused less irritation than the dilator, and appeared equally efficacious. Under this treatment, which was attended with copious purulent discharge, the strictured part was gradually dilated, so that, instead of a hard circular band, more than half an inch broad, and feeling like cartilage, the surface became equally smooth and nearly as pliable as the rest of the surface of the vagina, though the canal still remained smaller than it should be. She was impatient, however, to return to her home, and promised to come again to the hospital if she experienced any inconvenience.

There is a great variety in the congenital deformities, or accidental adhesions, or new growths, which are found in the generative organs of females, producing some impediment in their different functions; some of which are of little consequence and easily remedied, others are of more importance, and require the most delicate and skilful surgical operations for their cure.

Nothing is more common in young infants, than for some adhesion to take place between the sides

of the labia, uncleanness or some other cause producing inflammation of the mucous membrane; the adhesion being such as occasionally to leave only a small opening near the urethra, and to draw attention by the pain or inconvenience experienced in micturition. The remedy for this adhesion is very simple; the forcible separation of the labia by the thumbs or a probe, or a slight incision with a knife, being sufficient to lacerate the adhesion, and a little piece of lint, dipped in oil, preventing their subsequent cohesion.

Sometimes, again, there is such a prolongation of the hymen over the orifice of the urethra, as to produce much difficulty in making water. A case of this kind is related by Warner, in his cases in surgery, in which the symptoms resembled those of stone; and after existing several years, were cured by an incision. The most remarkable instance of this sort, however, is one related by Cabrolus (Obs. Anat.), in which the hymen was imperforate, and the urethra completely obstructed, so that no urine could be discharged by the natural passage; but it was evacuated from a tumor, projecting about four inches from the navel, and formed probably by the urachus. Cabrolus made an incision into the urethra, and tied the tube projecting from the abdomen; the patient, who was nearly twenty, being cured. In the Phil. Trans. there is an account of a case where the urethra was similarly obstructed by caruncles growing from the orifice after delivery.

Besides these malformations, which obstruct the flow of urine, and may therefore be discovered and remedied in children, there are other natural and accidental impe-

diments to the sexual functions, the existence of which is not usually ascertained till the time of puberty or marriage. The obstruction may be either partial or complete; and it may be situated at the orifice of the vagina, or higher within this passage, or in the mouth of the uterus itself.

The hymen is often so firm in texture, that although an opening in the centre allows the menstrual secretion to be discharged, yet an incision is necessary for the consummation of marriage; or,—if conception has taken place in spite of this obstacle,—to facilitate parturition; such an incision being easily effected, as a director can be passed through the opening, and thus all risk is obviated. Ruysch (*Obs. Chirurg.*) met with an instance in which a second membrane was found higher than the hymen, and requiring a second incision during parturition. A similar partial obstruction to the function of generation, is formed by contraction of the vagina, from the use of strong astringents (*Saviard, Obs. Chir.*); from smallpox (*Beckerus de Paidioctoniâ inculpatâ*); from lues venerea (*Benivenius de Abdit. Morbor. Causs.*); and still more frequently from accidental lacerations and cicatrices, in consequence of violence during parturition; of which numerous instances are met with in several authors, which have been cured by tents, by several small incisions round the obstructed part, by dilatation on a director, &c.; great care being necessary to keep up the dilatation for a considerable time, to prevent subsequent inflammation. The most remarkable instance of this obliteration, while the menstruation continued, is in *Beckerus* (*op. citato*), as the secretion was discharged by the

rectum, and pregnancy took place pseudothyro intromissis voluptatibus; the laceration, and subsequent cicatrization, having been so extensive as to obliterate the whole of the vagina intermediate between the urethra and rectum.

In these cases of partial obstruction, where pregnancy has taken place, it is probably advisable to operate as early as possible, so that dilatation may be effected, and the parts properly cicatrized before delivery; there must otherwise be considerable danger of more extensive laceration taking place during the expulsion of the child. The operation is one which necessarily requires great caution; but as an opening exists, through which conception has occurred, there is at least a certain guide to the operator, who is in much less danger of injuring the bladder or rectum than in cases of complete obliteration, though the difficulties have appeared so great that *Smellie* even advises the performance of the Cæsarian section where there are large cicatrices and adhesions in the vagina and os uteri. *Callisen* also gives direction for the vaginal Cæsarian section, where the os uteri has been closed by inflammation.

The malformation becomes still more serious when no orifice is left by which the menstrual secretion may be evacuated; this fluid being thus retained in the uterus and vagina, producing great disturbance of the health, and even becoming fatal if not discovered in time for the performance of a proper operation for its cure. The symptoms arising from retention of the menses from such a cause, are accurately described by *Sabatier* (*De la Médecine Opératoire*), copied into *S. Coop-*

er's Surgical Dictionary, (Art. Vagina imperforate.) One circumstance, however, scarcely adverted to by Sabatier, is the sympathy of the mamma with the uterus, exemplified in the case I have narrated, and which sometimes proceeds so far as even to establish a vicarious secretion from this gland; the same thing having also been observed, "*per vias aeriferas, urinarias, alvum, digitos, cicatrices, oculos, nasum, aliasve partes.*"—(Callisen.)—Of course, however, some exaggeration or misconception has arisen in many of these cases, so that I would not be considered as a believer in many of the cases referred to in the quotation.

The similarity, in the symptoms of such cases, to those arising from pregnancy, and the injurious suspicions often excited, have been frequently pointed out; the resemblance they bear to cases of amenorrhœa, and the necessity of manual examinations, are also evident from the instance just related. The operation for imperforate hymen is generally a very simple one, as the fluid retained in the vagina and uterus distends the membrane, so as to point out exactly where the incision is to be made. It must not be forgotten, however, that the operation, however skilfully performed, is not wholly unattended with danger. In the last instance in which I witnessed the operation, the patient died in consequence of inflammation of the peritoneum. The fluid which is retained, is in general perfectly free from putrefaction, however long the disease may have lasted (see *Mem. de l'Acad. de Chir.*), though the rule is not without exception.—(Sabatier, *op. cit.*)—Where putre-

faction takes place, death may often result from the irritation produced by this cause on the constitution; and even where it does not occur, yet suppuration ensues after the retained fluid has been evacuated, and the employment of opiates and soothing injections becomes necessary, to obviate the irritation which is excited. But some danger arises from the mere quantity of the retained fluid, which may be so great as to produce rupture of the fallopian tubes into the cavity of the peritoneum.—(De Haen, *Ratio Medendi.*)—Smellie mentions a case where three pints and a half were discharged by operation; and half a pint more came away subsequently, of the consistence of butter-milk; a quantity sufficient to distend the uterus, as in a case of pregnancy; and in the absence of the natural contraction of this organ, very likely to be followed by severe irritation, or fatal inflammation. In the case I have narrated, I carefully abstained from pressure, but allowed the fluid to be expelled by the contraction of the uterus, and the pressure of the abdominal muscles; the discharge in this manner taking place very slowly, in consequence of the consistence of the fluid, which is usually like treacle. Attention to this rule I believe to be the principal means of avoiding dangerous results.

Where the malformation is situated not at the orifice, but within the vagina, an operation becomes much more difficult and dangerous. Sir Astley Cooper mentioned to me a case in which he had made incisions to form a passage to the uterus, and had cut through not less than two

inches of membrane, without perfectly exposing the cervix uteri, though the result was successful, as it was followed by pregnancy. A lady, after eight years suffering, was operated on, and the surgeon passed his finger into a large cavity, from which a good deal of blood escaped, and which was believed to be the vagina; the patient died, however, in three days, and it was discovered that the cavity was that of the bladder, the death having been the consequence of the escape of the menstrual secretion into the abdomen, from a rupture of one of the fallopian tubes.—(Sabatier, op. cit.)

The difficulty of the operation is necessarily still greater when the obliteration is situated in the orifice of the uterus itself,—not the os uteri in the sense in which the term is employed by many authors, who allude to the subject of this paper, by which they mean the vagina,—unless the cervix is distended and elongated by the fluid, so as to communicate a sense of fluctuation to the finger. Several directions for opening the uterus when thus enlarged, and containing menstrual fluid, or when the cervix is obliterated subsequent to impregnation, will be found in Callisen, Syst. Chir. vol. 2, ccccxlviii.

Callisen (op. cit.) remarks, "*Accidentalis vel symptomatica vaginæ concretio totalis vix unquam occurrit.*" Such cases are, no doubt, more rare than the instances in which some small passage remains open for menstruation, and have been seldom recorded by modern surgeons, while much attention has been bestowed on the less important cases of imperforate hymen; a neglect which has induced me to throw

together these remarks: but several cases are described by older authors, and I refer particularly to Beckerus, "*De Paidioctoniâ inculpatâ,*" and Roonhuysen, "*Med. Chir. Obs. Englished out of Dutch by a careful hand.*"

The latter author, for instance, relates a similar case to that which I have detailed, where a woman had her vagina so completely obliterated by gangrene after delivery, "that she never had her menses any more." Having dilated the vagina with a speculum, the closed part was opened from above downwards, by a lancet tied to the end of the finger. A pessary was afterwards employed, but neglected by the patient, and in a subsequent confinement a further operation became necessary; but the patient was allowed to be so long in labor before it was performed, that she died in three days.

These cases of obliteration of the vagina after delivery, are much more difficult to relieve by operation, than most of those in which there is a congenital deficiency. It is probable that they scarcely ever occur without considerable loss of substance by sloughing, the consequence of which is the approximation, in a greater or less degree, of the rectum and bladder and urethra to each other, and their junction by a hard semicartilaginous cicatrix, unyielding, and difficult to divide. The intricacy and difficulty of the case are necessarily dependent on the extent to which the obliteration has taken place; whether the sides are only brought together, or two or three inches of the vagina are firmly united, as in the latter case, there will not be the distension of the vagina

above the obliteration, separating the bladder and rectum from each other, and defending them where they are most loose, and where there is consequently greater risk of injuring these viscera. The operation becomes still more delicate when the sides of the uterus are also united together, which appeared to be the case in a patient of my friend Mr. Mayo, on whom he twice performed an operation (at the last of which I assisted), and succeeded in restoring part of the canal, though not in reaching the cavity of the uterus. There was in this case, however, no accumulation of menstrual secretion, and the health of the patient was restored; so that in all probability great part of the cavity of the uterus was obliterated, and the function of menstruation gradually ceased.

The operation is generally directed to be performed by making a perpendicular incision, but it appears to me to be much better, in most cases, to cut through the cicatrix transversely, i. e., with one flat side of the scalpel towards the rectum, and the other towards the bladder; in which direction, I imagine, with attention to the anatomy of the parts, there must be much less risk of wounding either of these viscera, than when the edge of the knife is held upwards or downwards, and there can scarcely be any risk of injuring the peritoneum, as the vagina is so little connected with it, that the puckering of the cicatrix is not likely to implicate this membrane. I need only repeat the necessity of attending to the after treatment, in the same manner as after the operation for imperforate hymen, and to the emptying both the bladder and rectum

in all these cases previous to the operation.—*Lond. Med. Gaz.*

## II.

### A CASE OF PERFORATION OF THE STOMACH AND OESOPHAGUS, WITH BRIEF REMARKS.

By MARSHALL HALL, M.D. F.R.S.E., &c.

THE little girl, whose case I am about to describe, had been subject, from a very early period after her birth, to attacks of bronchitis.

Early in April she became affected with pertussis. The symptoms of bronchial and pulmonary inflammation called for the abstraction of blood; and three, and then two leeches, were applied to the chest on two successive days, with other remedies usual in such cases. This was followed by exhaustion with reaction, the countenance varying, being sometimes pallid and cold, and sometimes flushed; and the pulse frequent and jerking. Soon after the second application of leeches, there were also frequent fits of convulsion, for which a cold lotion was applied to the head; and the warm bath was used frequently. The Hydrargyrum cum Creta was administered, with a mild nutritious diet. There was no sickness nor diarrhœa.

After a variable state of things, this little patient sank and expired, having lingered eight days.

Permission could not be obtained to inspect the body until the fifth day after death. The morbid appearances were then carefully noticed by Mr. R. WELBANK and myself.

The general surface was extremely pallid, but there was little or no emaciation.



The bronchiæ were clogged with mucus, and the lowest lobe of each lung was hepatised.

On looking into the right cavity of the thorax, a small portion of venous blood was observed. The source of this was carefully traced. A small part of the pleura immediately adjacent and above this spot, extending upwards over the convex surface of the vertebræ, was found perfectly removed by erosion; the subjacent veins had been opened by the same process, and their blood had escaped; the nerves were left entire, as it were, beautifully dissected. Proceeding with the examination, there was found, at a part which corresponded with these appearances, an opening that penetrated into the œsophagus; and through this opening a portion of the contents of the stomach flowed, on raising this organ. At the same moment, the rest of the contents of the stomach escaped into the abdomen, through a large orifice at its most dependent part.

On further examination of the state of the œsophagus and stomach, the mucous membrane was found uniformly reduced to a gelatinous mass; the textures constituting the former were pierced by an irregular opening, of a size less than that of a pea; the peritoneum covering the latter was destroyed to a considerable extent. But there were no appearances of disease about the edges of either orifice.

The head was not examined. The other viscera presented no unnatural appearances.

The case thus briefly detailed, leads to some remarks of great interest:—

1. It cannot be doubted, that in this case the perforations of the œsophagus and of the stomach resulted from the action of the gastric juices after death. This appears to be proved by the eroded state of the adjacent parts. This fact may therefore be regarded as established by the present and similar cases.

2. It is equally certain, that there is one special disease or disorder of infants which leads to similar results, as stated in the interesting and valuable paper of Dr. JOHN GAIRDNER, in the Transactions of the Edinburgh Medico-Chirurgical Society, vol. i. p. 311.

3. It is a point of the utmost importance to state, in the account of post-mortem appearances, at what precise period after death the examination was made; and it might be useful sometimes to make the examination at two distinct periods, taking care not to disturb the parts at the first. It is quite plain that, had the parents of the little girl whose case has been given, earlier consented to an examination, some of the appearances which have been described would not have been observed.

4. It would be interesting to make a series of observations on rabbits and other animals, with a view of determining the circumstances which favor or oppose the erosion of the stomach by the gastric juice. The observations made by Dr. W. PHILIP, in the third edition of his singularly admirable work on the Vital Functions, pp. 131-2, appear to be too general on this point.

5. We might possibly employ the gastric juice in the minute dissection of the nerves, since



this texture appears to resist the action of this agent, whilst that of the other parts is destroyed by it. The fact itself is mentioned

by M. CRUVEILHIER, in his *Médecine Pratique*, Cahier i. p. 143. — *Edinburgh Med. and Surg. Journ.*

### SKETCHES OF PERIODICAL LITERATURE.

#### PULMONARY CONSUMPTION.

DR. PARISH, of Philadelphia, in a paper published in the *N. A. Journal*, gives it as the result of his experience, that the best remedies for this disease are air and exercise. The treatment so often adopted in these cases, of confining the patient to an apartment of uniform temperature, employing depletion and low diet, has, according to him, the uniform effect of aggravating the disease, and has often been the means of inducing, or at least accelerating, a fatal termination. The ground on which this mode of treatment is founded is, that the disease is inflammatory, and must be met by antiphlogistics; but tuberculous phthisis is not an inflammatory disease, in any proper sense of the term; and those measures which prove remedial in disease of that class, are calculated only to increase it. The pulse of phthisical patients, which is so often supposed to indicate depletion, is a pulse of irritation; and this irritation is frequently the effect of that unnatural state of the system, which is kept up in the patient by the use of diet and medicine. A healthy man, confined in a close apartment, and bled, purged and starved for a few weeks, would at the end of that time present the same symptoms, which in the eyes of many practitioners are indica-

tions for this mode of treatment. Free exposure to the atmosphere, and vigorous exercise to the utmost of the strength, are the only remedies worthy of confidence in this form of phthisis; and in those cases where they cannot produce a cure, will certainly protract the fatal termination. Catarrh or pneumonia may indeed supervene on the complaint, and require depletion; but this is even then to be very sparingly used, and under all other circumstances to be wholly avoided.

There is certainly much good sense in the views taken of this subject by Dr. P., and when the age and extensive experience of their author are taken into view, they seem entitled to very respectful attention. They are however expressed in terms somewhat too bold and unqualified, and their application to practice would require some discretion. We can see no reason, moreover, why the remarks should have been limited to tubercular phthisis, since, so far as they are just, they surely apply, with equal force, to that form of phthisis which is the sequel of pneumonia. We apprehend that the true hereditary scrofulous consumption is not often susceptible of a cure, either medical or spontaneous; nor do we perceive that the majority of the cases related by Dr. Parish, were in fact of this description. On the oth-

er hand, we believe that chronic pneumonia is too often induced by the injudicious use of certain remedial agents in the acute stage; and as often kept up by the continuance of depletion, when the system demands a renovation of its powers, and a return to its natural functions. In this state, however, we do not think it generally happens that the mere omission of medicine, and driving the patient abroad, will afford the degree and kind of stimulus required. Matters must be managed with rather more delicacy. Patients under these circumstances, if belonging to the country, are greatly benefited by a return to the place of their nativity, and to their friends. Those who do not, still derive equal advantage from *travelling*. In both these cases, there are many causes put in operation calculated to produce a favorable change; but there is no doubt that pure air and bodily exercise do their share of good. The substitute, however, of labor and unlimited exposure in one class of persons, or of the toil of medical country practice in another, is not likely, we apprehend, to be beneficial in all cases, notwithstanding that, in some of those related by Dr. Parish, it appears to have been successful.

Among the instances which Dr. P. adduces of the happy influence of his two favorite agents on pulmonary disease, is the case of Dr. T. M. Harris, of this State; who, in the year 1804, while apparently in the last stage of consumption, performed a journey to Marietta, in Ohio, and returned home with his health restored. We are not informed what

were the particular circumstances of Dr. Harris's case, and are therefore unable to judge whether it was tuberculous or otherwise. We are however ourselves acquainted with the fact, that this gentleman has had no recurrence of his former symptoms; and are by no means disposed to find fault with a mode of treatment, which has been instrumental in preserving to the clerical profession one of its most accomplished and most valuable members.—To this case we might add another,—that of a respected relative, now Surgeon General of the United States, which is no less illustrative of the views of Dr. Parish. The details of this case we hope to offer our readers at some future period. We recommend to their careful perusal, the paper of Dr. Parish, which, as well as the other articles in the present number of the Journal, will be found highly interesting and instructive.

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#### MEASLES.

WE notice in the periodicals of the day, that a German physician has been treating this disease with cold affusion, with remarkable success. Of 121 patients who had the disease, 52 were treated in this manner, of whom one died; while among the 68 in whom a different practice was resorted to, the number of deaths was eleven. The application employed was a mixture of vinegar and water, with which the whole surface of the body was freely sponged. The temperature of the fluid was in inverse proportion to that of the skin at the time of its employment, and

varied from 90 deg. Fahr. to 33, at which temperature it was used when the heat of the body was 108 deg. The only precaution adopted, was that of omitting the ablution when the patient was in a tranquil state, or perspiring. Both the severity and duration of the disease seemed to be diminished by the remedy. In three patients, it was remarked that the eruption came out immediately after the ablution, though before there had been no sign of its appearance.

We consider these facts to be valuable, not so much by suggesting a new mode of practice in measles,—which in the majority of cases, occurring under favorable circumstances, scarcely requires treatment,—as by furnishing new arguments against the prejudice which is so general among the uninformed, and even extends in some instances to physicians, in favor of maintaining this eruption by the internal and external application of heat. The danger of the eruption being repelled from the surface, which is the bugbear of the nurse, is not always viewed without apprehension by the medical attendant, who, though he derides the notion, finds it exerting some little influence on his management of the case. While the practitioner timidly prohibits the admission of cold air and the use of cold water, advantage is readily taken of these concessions to load the patient with clothing, and to aid their effect by administering stimulating infusions. If these views be erroneous, and the practice founded on them useless or dangerous, they certainly

cannot too soon be exploded and abandoned.

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#### ANEURISM.

DR. COATES, of Philadelphia, suggests the idea, that the morbid appearances usually found connected with aneurismal tumors,—such as the thickening and hardness of the neighboring arterial texture, the purulent effusion and the tubercular deposits,—are the result of an inflammatory process; and that arteritis, to a greater or less extent, is a far more frequent disease than is generally imagined. Dr. C. is disposed to refer the unusual redness sometimes found in the internal coats of these vessels, to this cause, rather than to any change occurring after death. The possible connection of inflammatory fever with this state of the arteries, is a point well worth considering. Dr. Coates's paper, to which it is impossible for us to do justice in an analysis, may be found in the last No. of the N. A. Journal.

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#### COLICA PICTONUM.

DR. COXE, of Philadelphia, relates a case of this disease which terminated fatally on the third day. On examination, the mucous coat of the stomach was found much softened, so as to be removed with the slightest force, and forming after its removal a pulpy mass. The principal morbid appearances existed in the colon, the internal surface of which was in a state of high irritation, resembling that of incipient dysentery. It was studded with small tumors of a deep purple color, apparently from venous

blood contained in the substance of considerable accumulation of feces the mucous coat. There was no in any part of the intestinal canal.

BOSTON, TUESDAY, NOVEMBER 10, 1829.

THE FAMILY PHYSICIAN OF GENERAL WOLFE.

In some of the pictures, familiar to most of us, of the death of General Wolfe, his Physician, Dr. Hinde, is represented as feeling the fast ebbing pulse of the wounded hero. This Dr. Hinde has recently died at Newport, Ky., at the advanced age of 92 years. A sketch of his life and character is given in that excellent periodical, the *Western Journal of the Medical and Physical Sciences*, from which biography we derive the facts connected with his history.

Like most of those of our time who took part in the early wars of the country, Dr. H. was accustomed, in his extreme old age, to describe scenes and relate incidents touching those wars and the patriotic men who were distinguished in them, with the spirit and almost the vivacity of youth. Gen. Wolfe was the object of his liveliest recollections, and to his latest days he was accustomed to describe him as "a tall and robust person, with fair complexion and sandy hair, possessing a countenance calm, resolute, confident, and beaming with intelligence."

Dr. Hinde, it appears, was a native of England, and pursued his professional studies under the direction of Dr. Thomas Brooke, one of the Physicians of St. Thomas' Hospital. After retiring from the service, he settled in the state of Virginia, in the

immediate vicinity of two men who soon converted his royalty into republicanism, and, notwithstanding his former zeal in the cause of his native country, opened his eyes to the intolerable burdens heaped upon that of his adoption. These influential neighbors were PATRICK HENRY, and the Rev. SAMUEL DAVIS, afterwards President of Princeton College. To the former he became family physician, and in 1775 was his chief surgeon, when he marched against Lord Dunmore, in the gunpowder expedition. Lord D., then Governor of Virginia, was not only the countryman, but had been the personal friend of Dr. Hinde; yet the Doctor, forgetting alike his personal friendship, his king, and his country, was bold in his pursuit of what he knew to be justice;—he became, in fact, a genuine disciple of the fervent patriot whom he followed.

Dr. Hinde was an enthusiast. The current of his feelings, whatever course it took, rolled on with great impetuosity. This is farther illustrated in his religious history, as will appear by the following anecdote related by his biographer.

"Dr. Hinde had been educated in the principles and practice of the Episcopal Church; but he now became a Deist, and took pride and pleasure in ridiculing Christianity. His views and feelings, however, at length underwent a radical change; the immediate cause of which was so

uncommon, and, at the same time, so professional, that we shall not hesitate to relate it. His wife and daughter had been converted to Christianity, and attached themselves to the Methodist Episcopal Church. For this act, his daughter was banished from his house, and his wife placed under medical treatment, for what he considered, or affected to consider, insanity. His remedy was a blistering plaster to the whole length of the spine, which he left on for several days. By this measure of violence, he hoped to deter her from further attendance on places of public worship. But, as he used to say, God turned the 'huge blister' upon his own heart. The Christian fortitude and meekness, with which his wife bore the protracted anguish which his cruelty inflicted on her, excited his sympathy and filled his soul with remorse. A feeling of respect was awakened towards that religion, whose votaries could endure such pain and persecution, without a murmur; and he was led forthwith to investigate its origin and principles. The inquiry resulted in a perfect conviction of its divinity; and he attached himself to the same church, from which he had sought by violence to estrange his wife and daughter, and for nearly half a century continued one of its most devout and exemplary members. Such was his temperament, indeed, that he may fairly be said to have passed into the opposite extreme. Down to his dying day, religion was his darling theme. No waking hour ever passed, whoever might be present, in which he did not utter some expression of admiration for the Christian faith, and thank heaven that he felt its influence. Throughout the whole of this long period, he never attended to the call of a patient, without first retiring to pray in secret, for the success of what he might prescribe; and when he reached the house, whether of rich or poor, Christian or infidel, his inva-

riable practice was, to assemble such members of the family as could be conveniently brought together, and re-engage with them in prayer for the recovery of the sick, before he would exhibit a single remedy. In the efficacy of prayer the Doctor was a firm believer, and not a few of his patients cherished the same faith. To all such, his religious efforts were auxiliary to his professional; as they contributed to tranquillize the feelings, inspire the hopes, or confirm the resignation of the sick."

The following relation appears also to show that his zeal was not altogether extinguished in his old age.

"His taste and judgment kept him in communion with the respectable sect of Christians to which he at first attached himself; but he cherished the kindest feelings towards all others, of which he gave many practical evidences. The zeal which he felt when united with his brethren in devotional exercises, was, in the language of chemistry, highly *effervescent*; and frequently manifested itself in *ebullitions* of feeling the most artless and unaffected. Instances of this kind have been mentioned to us; one of which, as illustrating this feature of his character, we shall present to our readers. The Doctor was in the habit of indulging himself in the extempore responses, which are practised by the devouter members of the Methodist church while the clergyman is preaching. In his old age, he frequently indulged himself in these pious exclamations, in the argumentative periods of the discourse, when others were not so strongly excited, and wished to attend, without interruption, to the reasonings of the preacher. Some of his friends admonished him on this subject, and he promised in future to restrain himself. But, as might have been foreseen, he became impatient under this rash acquiescence; and not long afterwards, in the midst of a sermon, becoming

warmed in advance of the congregation, but still recollecting his promise, with a *naïveté* which might challenge comparison, he exclaimed, — ‘*Amen, at a venture!*’”

Our deceased brother was a professed disciple of Lavater; and he placed great reliance on the expression of the countenance in judging of the nature, or probable issue of disease. In this instance, most experienced physicians are doubtless physiognomists. There is something in the first look of a patient which cannot be described, but which really gives us an insight into his case, which subsequent inquiry generally confirms. Even at the commencement of a tedious illness there is often an expression of the countenance which forebodes a favorable or a fatal termination, and which rarely deceives us.

As a Surgeon and Physician, Dr. Hinde was extensively engaged in practice, both in Virginia, and subsequently in the interior of Kentucky; and we regret that on this, the most interesting part of our subject, we have so little to offer. Our apology may be found in the following paragraph from his biography—a paragraph which might close the history of too many of our most skillful and experienced physicians.

“In concluding our sketch, we may be allowed to express a regret, that one endowed with so much sound understanding, quick perception, and active benevolence; favored with such diversified opportunities, and permitted to live so long, should have left behind him none of the fruits of his ample experience. When such a man bequeathes to posterity nothing but his good name, he

can scarcely be said to have fulfilled his destiny.”

*Combination of Lactuca Sylvestris and Digitalis in the Treatment of Hydrothorax.*—We are indebted to Dr. Teel, of Aurich, for this mode of practice. M. Brosius has applied it in twelve “inveterate” cases of hydrothorax, and has much confidence in its efficacy. Although but two of these cases were radically cured, the symptoms of eight others were very materially relieved. In two patients only, the remedy appeared to exert no beneficial influence; and in these instances the fact was corroborated, that, if the proposed remedy does not relieve during the first days of the disease, no advantage is to be expected from its continuance.

One of the complete cures surpassed every previous hope. The patient was a woman seventy-four years of age. She took four grains of the Extr. Lactuc., with one grain of the powder of Digitalis in a dose, every two hours. After the fourth dose, the symptoms were much relieved; after the sixth, they had disappeared; and at the end of three days, during which time the patient had taken in all eighteen doses, a strong infusion of digitalis was prescribed. The cure was completed by light bitters.

In one case in which this combination acted as a palliative, the patient was relieved in five attacks, in each of which the face, hands and feet were oedematous. The sixth attack proved fatal.—*Journ. der. Prak. Heilkunde.*

*Acetate of Morphia successfully applied to a Blistered Surface in Tetanus.*—A woman, 29 years of age, having general good health, received a slight wound on the brow, which she washed with cold water, and dressed with emollient poultices. Two days after, incipient trismus became manifest, accompanied by

contraction of the muscles of the neck and abdomen. Tetanus soon became general, and the spasms were very severe. She was then,—viz., from the 22d of October to the 27th,—treated five days by means of bleeding; warm baths, continued for an hour and a half or two hours; sedative plasters on the neck and temple; and, finally, she had a third of a grain of acetate of morphia every two hours. On the 1st of November, the disease still continuing, a quarter of a grain of the acetate of morphia was sprinkled over the skin, a blister having been previously applied, so as to produce a raw surface. The dose was repeated in a few hours. The effect was very remarkable; in a few hours the contractions became less violent, and the trismus abated. All other treatment was now abandoned, and the third of a grain of acetate of morphia applied twice a day. The patient rapidly recovered.—*Ann. Univ. di Med.*

*Mode of applying Opium in Strangulated Hernia.*—A man, 50 years of age, had labored for five days under the effects of a very large inguinal hernia, which was strangulated. Vain attempts had been made to reduce it, when Dr. Brulattour, of Bourdeaux, was called in.

The patient was now bled, a large dose of castor oil administered, and cold applied to the tumor. These means being unavailing, a bougie was introduced into the urethra, smeared with extract of opium: two evacuations from the bowels took place, the patient fell asleep, and the hernia was easily reduced.—*Jour. de Med. de Bourdeaux.*

*Artificial Eyes.*—It is said that Mr. Scudder, a celebrated artist, has succeeded in making artificial eyes, the pupils of which contract and dilate, like those of the natural organ. We should be required to see this close imitation of nature, before giving implicit credit to the truth of the report.

*Baker's Bread.*—The following formula is said to be that by which the London bakers make their bread:

Take of Wheat Flour 375 pounds;  
Potatoes 15 pounds;  
Salt 4 pounds;  
Alum 1 pound. Mix with water.

All this is very well, with the exception of the latter article; and if in fact this is the true recipe, we shall cease to wonder that that metropolis should be the emporium of dyspepsia and constipation.

## WEEKLY REPORT OF DEATHS IN BOSTON, ENDING OCTOBER 30.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
Oct. 23.	F.	74 yrs	inflammatory fever	27.	F.	19 mo	measles
	F.	2 1-3	lung fever		F.	10 d	unknown
	F.	22 mo	measles	28.	F.	6 w	do.
	F.	19 yrs	consumption		M.	87 yrs	old age
24.	F.	5 mo	dysentery		F.	15 mo	lung fever
	M.	26 yrs	typhous fever		F.	27 yrs	consumption
	M.	39	consumption		F.	3	croup
	M.	2 1-2	croup		M.	5 d	unknown
	F.	26	consumption		F.	5	do.
	M.	11 mo	croup		M.	5	convulsions
	F.	19 yrs	liver complaint		M.	39 yrs	intemperance
25.	F.	56	delirium tremens	29.	M.	15 mo	unknown
	M.	12 mo	lung fever		F.	2 yrs	lung fever
26.	F.	15	unknown		M.	5	
	M.	61 yrs	gravel	30.	M.	3	dropsy in the head
	F.	3	lung fever		F.	82	old age

Males, 13—Females, 19. Total, 32.



## ADVERTISEMENTS.

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**E**BENEZER WIGHT, 46 Milk Street, has made such arrangements as will enable him to be constantly supplied with the genuine *Medicinal Leech*. He has now on hand some of very large size, and in prime order.

Just received, by late arrivals, a few pounds of *Chirayita Herb*,—Concentrated Compound Decoction of *Sarsaparilla*,—

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Sept. 8.

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